

# Idaho Payment Agreement Request

## For Individual Income Tax Due

Do not attach this form to your tax return. Mail it in a separate envelope to Attn: 40PA, Idaho State Tax Commission, PO Box 36, Boise ID 83722-0410

### SECTION 1

Your first name and initial		Last name		Your Social Security number	
If a joint return, spouse's first name and initial		Last name		Spouse's Social Security number	
Mailing address (number, street, and apartment number)					
City, state, and Zip code					
Home phone	Your work phone	Spouse's work phone	Your cell phone	Spouse's cell phone	
Your email address			Spouse's email address if different		

Tax year(s):	Type of account (check one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Total amount due:	Preferred day of month for the withdrawal: <input type="checkbox"/> 5th <input type="checkbox"/> 20th <input type="checkbox"/> Both
Name of bank or financial institution:	Amount you can pay each payment: \$
Routing number (see page 2):	Account number (see page 2):

### SECTION 2

**Attach  
bank  
verification  
here.**

To verify account and routing numbers for automatic withdrawal of payments, attach one of the following:

- A voided check for withdrawal from a checking account.
- A deposit slip for withdrawal from a savings account.
- A letter from your bank verifying your account type, account number, and routing number.

**All owners of the bank account must sign this Form 40PA.**

### SECTION 3 - Please read.

- This is a one-time payment agreement program. You must file and pay future taxes on time, or we will cancel this agreement and begin collection action. This may include a levy on your wages or bank accounts, or seizure of assets.
- **We will file a state tax lien to protect the state's interest.** (See page 2 for more details.)
- Any future state and federal refunds you are due may be applied to your debts and will not take the place of your regular payment.
- As long as you do not default on this agreement, the Tax Commission will not pursue collection action.
- Please check your withholding exemptions on your W-4 form(s). You may need to contact your employer and decrease the number of exemptions you are claiming, so enough will be withheld from your wages to cover your tax debt in the future.
- By entering into this agreement, you agree to pay all tax, penalty, and interest related to this debt.

### SECTION 4

**I have read the front and back of this form and understand the requirements of this program. I acknowledge and understand my responsibilities and the actions that the Idaho State Tax Commission may pursue regarding my payment agreement.**

Your signature	Date	Spouse's signature, if filing jointly	Date
<b>If the person(s) listed in SECTION 1 are different than the owner(s) of the bank account, the owner(s) of the bank account must sign:</b>			
Owner of bank account	Date	Other owner of bank account, if applicable	Date

# Idaho Payment Agreement Request Instructions

The Idaho State Tax Commission understands that it may not always be possible to pay your state taxes on time. We offer this payment agreement to help you pay your taxes and comply with the law. If you can't pay the full amount of the Idaho income taxes you owe and want to sign up for this plan, you must:

- Complete and return a financial statement; **and**
- File all prior year tax returns that have not yet been filed; **and**
- Agree to file and pay all future taxes on time. This means you must have enough income tax withheld from your pay to equal the amount you owe when you file your returns. If you don't do this, we'll stop your payment agreement and begin collecting any unpaid balance you owe for **all** tax years. This may include a levy on your wages or bank accounts, or seizure of assets.

In addition, we'll file a tax lien and penalty and interest will continue to accrue, even though you're in a payment agreement.

## Common Questions

### How soon will I hear from you?

We'll respond to your request within 30 days. If your request is approved, we'll send you a notice that shows your payment amount and the date(s) of the withdrawal(s). Also, we'll continue to send you our billing letters, including a Notice of State Tax Lien.

### What is a tax lien and why will you file it?

We'll file a tax lien to protect the state's interest. A lien attaches to all property you own and secures the state's right to the property if you default on your payment agreement. The lien is recorded with the Secretary of State's office and appears on your credit report. We'll release the lien after you pay your tax debt.

### Why should I make my payments as large as possible?

Penalty and interest charges apply to the tax you owe. These charges are added to the amount you owe until your balance is paid in full. The sooner you pay the debt, the less penalty and interest you will owe. You may also send additional payments at any time to apply to this liability.

### What happens if I don't have enough money in my bank account?

If there isn't enough money in your account to cover your payment, we'll cancel your payment agreement, and charge a \$20 return check processing fee. We'll also send you a default notice requiring full payment within 20 days. If you don't pay, we'll begin collection action, which may include a levy on your wages or bank accounts, or seizure of assets. **Note:** Automatic withdrawals are made before the start of the business day. Remember to make any deposits to cover these withdrawals on the day before the withdrawal date.

### What will happen next year if I have a refund coming and I'm still making payments?

Any state or federal tax refund you are due may be applied to the taxes you owe. However, your monthly payments will still be deducted if a balance remains.

### Why are you requiring automatic withdrawal payments?

With automatic withdrawal, we are not required to monitor your payments; they are automatic and the state is not at risk unless you default.

### How can I make sure that I don't have a future liability?

Contact your employer to adjust your W-4 form to make sure enough money is being withheld. You may also make voluntary estimated payments.

### What happens if I owe again next year?

If you don't pay your debt in full when you file next year, this payment agreement will be in default and we'll begin action to collect the remaining balance. This may include a levy on your wages or bank accounts, or seizure of assets.

### Where can I find my bank routing number and account number?

Paul Maple Lilian Maple 123 Main Street Anyplace, ID 10000		19	1234 15-0000/0000
PAY TO THE ORDER OF		\$	
ANYPLACEBANK Anyplace, ID 10000		DOLLARS	
For			
1 : 2502500251	202020	86	1234

ROUTING NUMBER      ACCOUNT NUMBER

### What happens if I need to change my banking information?

We must receive your new information three weeks before your normal withdrawal date in order to meet bank deadlines. Send a voided check or savings account deposit slip from your new account, along with a letter explaining the change, to: Attn: 40PA, Idaho State Tax Commission, PO Box 36, Boise ID 83722-0410.

### What if I want payments withdrawn from my savings account?

Instead of sending a voided check, send a voided deposit slip that includes your routing number and account number, or send a letter from your bank verifying the routing number and account number.

### What if I have questions?

If you'd like to learn more about the Idaho Payment Agreement Request, call us toll free at (800) 972-7660 ext. 7633, or 334-7633 in the Boise area.

# IDAHO STATE TAX COMMISSION FINANCIAL STATEMENT

Your Name		Spouse's Name	
Daytime phone number	Cell phone number	Daytime phone number	Cell phone number
Address		Address	
Social Security Number	Age	Spouse's Social Security Number	Age
Employer	How long?	Employer	How long?
Email address/webpage		Email address/webpage	
Number of dependent children living with you:		Children's ages:	

Are there any other persons living with you? Please attach an explanation.

Name, address and phone number of a close living relative:

## BANKING, INVESTMENT INFORMATION, and ACCOUNTS RECEIVABLE

Bank Accounts	Account Numbers	Balance
Name of bank	Checking #	
Name of bank	Checking #	
Name of bank	Savings #	
Name of bank	Savings #	
Retirement / 401K		
Stocks and bonds		
Does anyone owe you money? Please list names and reason below.		

If self-employed and using a credit card machine at place of business, please list Routing Transaction Number (RTN).

## REAL ESTATE and MORTGAGE LOANS

Name of Lender	Year Acquired	Value of Property	Amount Owed	Payment Amount

## MOTOR VEHICLES

Including cars, trucks, motorcycles, camp trailers, boats, ATVs, snowmobiles, etc.

Year	Make	Model	Value	Balance Owed	Payment Amount	Lien Holder	Date Paid In Full

**AUTHORIZATION TO DISCLOSE:** Under penalties of perjury, I declare that this statement of assets, liabilities, and other information on pages 1 and 2 of this form is true, correct, and complete. I (we) authorize the Idaho State Tax Commission to obtain a credit report and to verify any information on this financial statement.

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's signature

\_\_\_\_\_  
Date

## INCOME

Monthly Amount

Do you have income from self-employment? If so, please list the name and address of the business and your average monthly income. \_\_\_\_\_

_____	.....	\$
Your Income - includes wages and/or retirement	Gross: \$ _____ Net	\$
Spouse's income - includes wages and/or retirement	Gross: \$ _____ Net	\$
<i>(Copies of your last two pay stubs required)</i>		
Social Security .....		\$
Rental income .....		\$
Investment income .....		\$
Child support .....		\$
Alimony .....		\$
Other income (please list) _____		\$

**Income Total \$**

## EXPENSES

Monthly Amount

House payment or rent .....	\$
2nd mortgage or other property .....	\$
Car and truck payments - total of all payments .....	\$
Car maintenance and gas .....	\$
Groceries .....	\$

### Balance Owed

#### Utilities:

Power .....	\$	\$
Gas .....	\$	\$
Water and garbage .....	\$	\$
Cell phone .....	\$	\$
Home phone .....	\$	\$
Cable or satellite TV .....	\$	\$
Internet .....	\$	\$

#### Credit Cards (please list):

_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$

Hospital, medical labs, and other service providers .....	\$	\$
Child support payments .....	\$	\$
Life insurance .....	\$	\$
Health insurance.....	\$	\$
Idaho State Tax Commission .....	\$	\$
Internal Revenue Service (IRS) .....	\$	\$
Other expenses (please list):		

_____	\$	\$
_____	\$	\$
_____	\$	\$
_____	\$	\$

**Expense Total \$**

**Income Minus Expenses \$**